

SUPPLEMENT A

School For School Age Only

Grade _____
Name of child's school _____
Length of time attended this school _____
Number of different schools child has attended since kindergarten _____
Name of current school contact person (teacher, principal, etc.) _____

My child... *(Mark with an X only if statement is true or mostly true.)*

_____ has difficulty with grades.	_____ has fluctuating or changing memory for spelling. (spells OK while studying, but forgets the next day)
_____ has difficulty with citizenship and/or study habits.	_____ has fluctuating memory for what he/she just read. (comprehension or understanding).
_____ has problems with behavior at school.	_____ has fluctuating memory in math. (ordering of math functions) division, multiplication tables, carrying and regrouping)
_____ gets suspended or has notes sent home due to behavior.	_____ has trouble reading left to right.
_____ dislikes school.	_____ can't tell time by clock hands.
_____ receives reports indicating he/she is not working to full potential or ability.	_____ had trouble counting or learning ABC's.
_____ has difficulty completing homework.	_____ has trouble with days of the week, months of the year.
_____ completes homework but forgets it or loses it before turning it in.	_____ does poorly with phonics (sounding out words) in school.
_____ reverses such letters as b/d, numbers (6/9), or words (was/saw).	_____ confuses similar letters, numbers, shapes, or words.
_____ has messy handwriting or avoids written tasks.	

(Circle) what usually applies to your child on the report card:

Citizenship/study habits

Grades

NI, S, S-, H

F's, D's, C's, B's, A's, NI, or below level

What do you think would be helpful solving you child's school problem? _____

About how long has your child had this problem? _____

(Circle) school services you or your child needs:

counseling,	vocational services	meeting more with school or community
"home notes"	occupational services	understanding IEP's & due process
testing	speech/language	after school programming,
physical therapy	occupational services	vocational services or work training
speech/language	parent conference	self-management training
other (please list)	group self-esteem	transition services
legal center	resource support person	

other please list _____

My child . . .

_____ has more problems during free, unplanned time such as the following: playground, lunchroom, hallways, before & after school **(circle)**

_____ has stress in school. (little 1 2 3 4 much) **(Circle)**

_____ has the following special helps: Resource pullout one-on-one class IEP computer calculator tutor social skills group scribe (to take notes) learning strategies class (TLC) tapes (talking books) support person **(Circle)**

_____ has benefited mostly from which of the above resources: _____

_____ has very good teachers now. Please **(Circle)** how many: none 1 2 many

_____ likes the following number of school subjects: none 1 2 many **(Circle)**

_____ has extreme difficulty at school with the following number of subjects: none, 1, 2, many **(Circle)**

_____ fails to attend school regularly; misses many days.

_____ has failed a grade. If yes, what grade? _____

_____ parent-child homework frustration: How much time each night is spent on homework?**(circle)**
15 min, 1/2 hr., 1 hr. 2 hrs, more.

Rate the degree of frustration that's felt during homework times: mild 1 2 3 4 5 frantic

_____ Parent(s) had negative experiences in their own school years.